

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Your Course Online - Online University  
COURSE Development

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 90 CRAIG HERMANN 117 North 4th Street #106 PMB  
LAS VEGAS, NV 89101

**Name of Agent Designated to Receive Notification of Claimed Infringement:** CRAIG HERMANN J.D.

**Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):**  
117 North 4th Street PMB 106  
LAS VEGAS, NV 89101

**Telephone Number of Designated Agent:** 917-421-8364

**Facsimile Number of Designated Agent:** 917-421-8364

**Email Address of Designated Agent:** craighermann@yahoo.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 4/16/2001

**Typed or Printed Name and Title:** CRAIG HERMANN, VICE PRESIDENT

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

**RECEIVED**

**APR 19 2001**

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